



Waynesboro Area YMCA
EVERYONE IS WELCOME
Financial Assistance Program

Membership, Programs, Child Care and Day Camp

The Waynesboro Area YMCA is a non-profit, Christian service organization committed to helping people reach their full potential in spirit, mind, and body. Our **EVERYONE IS WELCOME** program is designed to fit each individual's specific financial situation and provide assistance based on several household factors and using a sliding fee scale.

Our Y requires that all individuals provide information requested below so we can accurately assess your need and provide assistance in a fair and consistent manner. All information will be kept confidential.

If eligible, membership fees are paid to activate your membership. Once the membership is activated, members will receive additional discounts off programs (if requested). The Y expects that the recipient will make timely scheduled payments. If a lapse in a payment should occur, your membership will expire and you will be charged a full rate for programs.

The Y also requires re-application annually. Your allocation and fees are subject to increase when you re-apply. Your membership/programs will expire if you do not re-apply and are approved.

In addition, the Y reserves the right to deny access or membership to any person who has been accused or convicted of any crime involving sexual abuse, is or has been a registered sex offender, has ever been convicted of any offense related to the sale, possession and/or transportation of illegal drugs.

EVERYONE IS WELCOME Procedures

1. Complete the attached Everyone is Welcome application.
2. Provide all required information [below].
3. Please allow 10 business days to process your application [provided all required information is included].

Please provide copies of the following:

- Copy of Current Federal tax return [1040].**
If you do not have a copy, you must obtain one by calling the Internal Revenue Service
- Copies of last four [4] pay statements for all working adults**
IF YOU ARE UNEMPLOYED, you must provide a copy of your award letter stating when your benefits begin and amount you will receive.
- Documentation of any and all additional income** including Federal and/or State assistance such as food stamps, unemployment compensation, alimony, child support, worker's compensation, etc.
- Description of any unusual expenses or circumstances.**
- All information must be submitted to the attention of Outreach and Development Director.**

WAYNESBORO AREA YMCA 810 East Main Street, Waynesboro, PA
www.waynesboroymca.org 717-762-6012



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SECTION 4: REQUESTED PROGRAM(S) AND DAY CAMP: Please indicate programs you or any member of your family would like to participate in. ****REQUESTING A PROGRAM DOES NOT GUARANTEE AVAILABILITY****

Participant Name	Program Requested	Day Camp Week(s) (if applicable)	Currently Enrolled (Y/N)	DAY CAMP only: Before or After Care Needed or both?

SECTION 5: FINANCIAL INFORMATION

ALL INCOME INFORMATION MUST BE REPORTED

Are there special circumstances we should consider? _____

Please indicate your annual income below. Attach copies of your most recent 1040 income tax return and last 4 paycheck stubs. *If your income is less than \$12,000, you must provide a brief description explaining your current ability to pay household and extemporaneous expenses (rent, mortgage, electric, cell phone, car payment, etc.) _____

Do you contribute to the household expenses? ____ Yes ____ No
 Does anyone assist you with household expenses? ____ Yes ____ No

- [] Under \$8,000* [] \$12,001-\$16,000 [] \$20,001-\$24,000 [] \$28,001-\$32,000 [] \$36,001-\$40,000
 [] \$8,001-\$12,000* [] \$16,001-\$20,000 [] \$24,001-\$28,000 [] \$32,001-\$36,000 [] Over \$40,000

Do you currently receive financial assistance from any of the following sources? If yes, please provide amount per month.

- Food Stamps \$ _____ Unemployment \$ _____ Spousal/Child Support \$ _____
 Social Security \$ _____ Additional Income \$ _____ source? _____

I attest that the above information is true and I agree to inform the Waynesboro Area YMCA of any changes in my income or household information. I understand that false or incomplete information could jeopardize my financial assistance. I understand that the financial assistance must be re-applied for annually, or as requested by the Y.

 Applicant's Signature and Date

 Parent's signature and Date [if under 18]

Please allow 10 business days to process this completed application. You will be contacted by the YMCA when review is complete.